



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Wed, 23 June 2021

STATE OF TEXAS §

This is to certify that I, Jim Hollis, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Tue, 01 September 2020, which occurred in Tarrant County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

Jim Hollis
Director, Crash Data & Analysis Section
125 East 11th Street
Austin, TX 78701-2483
1-844-274-7457



OUR VALUES: *People • Accountability • Trust • Honesty*
OUR MISSION: *Connecting You With Texas*

An Equal Opportunity Employer

EXHIBIT G

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units 2 Total Num. Prsns. 2 TxDOT Crash ID 17848534.1 /2020345511



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

*Crash Date (MM/DD/YYYY) 09 / 01 / 2020		*Crash Time (24HRMM) 1 8 5 8		Case ID 20SP069999		Local Use Dist 1																															
*County Name TARRANT				*City Name SOUTHLAKE				<input type="checkbox"/> Outside City Limit																													
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 9 6 1 6 5		Longitude (decimal degrees) 0 9 7 . 1 5 0 2 2																															
ROAD ON WHICH CRASH OCCURRED																																					
*1 Rdwy. SH Sys.		*Hwy. 114 Num.		2 Rdwy. 1 Part		Block Num. 2800		3 Street Prefix E		* Street Name Northwest		4 Street Suffix HWY																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 65		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc. Main roadway																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																					
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. FM Sys.		Hwy. Num. 1709		2. Rdwy. 1 Part		Block Num. 3200		3 Street Prefix E		Street Name Southlake		4 Street Suffix BLVD																							
Distance from Int. or Ref. Marker 500		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker E		Reference Marker		Street Desc. Main roadway		RRX Num.																											
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. LVF2207		VIN 1 9 U D E 2 F 7 7 G A 0 1 8 3 7 4																											
Veh. Year 2 0 1 6		6. Veh. Color WHI		Veh. Make ACURA		Veh. Model ILX		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 38767842		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 1 2 / 3 1 / 1 9 9 4																									
Address (Street, City, State, ZIP) 202 QUAIL RUN LN ARLINGTON, TX 76002																																					
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		ALHERI, ASERDA				A		25		A		2		1		1		5		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ALHERI, ASERDA, 202 QUAIL RUN TRL ARLINGTON, TX 76002																																			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. GEICO - GOVERNMENT EMPLOYEES Name INS. CO.				Fin. Resp. Num. 4529680979																											
Fin. Resp. Phone Num. (800) 841-3000				27 Vehicle Damage Rating 1 1 0 - L F Q - 4				27 Vehicle Damage Rating 2 2 - L F Q - 2				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By Euless B&B Wrecker				Towed To 1201 W Euless Blvd., Euless, TX 76040																																	
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. r446770		VIN 1 X P B D P 9 X 9 G D 3 4 0 3 3 5																											
Veh. Year 2 0 1 6		6. Veh. Color WHI		Veh. Make PETERBILT		Veh. Model 579		7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 19041651		9 DL Class A		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 2 / 0 6 / 1 9 7 8																									
Address (Street, City, State, ZIP) 3300 CLAYMORE DR PLANO, TX																																					
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		MERCADO, JUAN				N		42		H		1		1		1		1		97		N		96				96		97		97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address PACCAR LEASING COMPANY, 10620 N STEMMONS FWY DALLAS, TX 75220																																			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. CENTRAL MUTUAL/ALL AMERICAN Name INS. CO.				Fin. Resp. Num. CLP957423618																											
Fin. Resp. Phone Num. (888) 263-2924				27 Vehicle Damage Rating 1 4 - R D - 2				27 Vehicle Damage Rating 2 - - - - -				Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
Towed By NOT TOWED				Towed To DRIVEN AWAY																																	

EXHIBIT G

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	Baylor, Scott & White, Grapevine	Southlake Medic 401		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	2	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	00301140										
Carrier's Corp. Name		JACKSON TRANSPORTATION SERVICES										30 Veh. Type	7									
Carrier's Primary Addr.		400 N CARROLL BLVD DENTON, TX 76099																				
31 Bus Type	0	<input checked="" type="checkbox"/> RGVW <input type="checkbox"/> GVWR	1	7	6	4	6	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.					32 HazMat ID Num.					33 Cargo Body Type	98	
Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR						34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR					34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	20	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight								Total Num. Axles			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions							
	Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	98										1	1	3	3	1	2	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale
	In the 2800 block of East Hwy 114 east bound, Unit 1 lost control due to the roadway being wet and struck the guard rail. Unit 1 began to fishtail and struck Unit 2. Unit 1 was stuck partial under Unit 2 and had severe damage. Unit 1 driver was taken to Baylor Grapevine with unknown injuries. Unit 1 was towed away from the scene by B&B Wrecker. Unit 2 was able to be driven away with minor damage to the underneath part of the semi.	

INVESTIGATOR	Time Notified (24HR:MM)	1	6	5	9	How Notified	Dispatched	Time Arrived (24HRMM)	1	7	0	1	Report Date (MM/DD/YYYY)	09 / 05 / 2020			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Lockwood, n										ID Num.	1927			
	ORI Num.	T	X	2	2	0	3	2	0	0	*Agency	SOUTHLAKE POLICE DEPARTMENT		Service/Region/DA	0	1	

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